## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 642546

FORM OIPE-RAM-01 (Rev. 12/97)

#### Total Fee Calculation

	Fee Cade	Taul # Claims	Number Extra	X Fee	<u> </u>	Tata!
) 	Sa./L <sub>\$</sub> .			Sm. Entity	Li Entiry	
Bude Filing Fee	201/101	20	$\bigcirc$	<del></del>	<u>690</u> :	<u>.</u>
Total Claims > 10	201/101	$\frac{d'}{d}$	- //	·	120	-
Independent Claum: >1	202/02	6 .1	. 3	·	234.	
Mult, Dep Claim Present	204/164					
Surcharge	203/103	•			130.	
English Translation	139					
TOTAL FEE CALCULA	<del></del>					
,	e production.	116.6				
Total Filling Fees Due	=	1180.	00			
Less Filing Fees Subm	ined / · s	0				
BALANCE DUE	= 5	1180 -1				
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Office of Initial Patent	Examination	<del></del>				
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1988	\							
Application or Docket Number								
	09	6	42	246				
SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY								
RATE	FEE		RATE	FEE				
	345.00	OR		690.00				
X\$ 9=		OR	X\$18=	126				
X39=		OR	X78=	234				
<b>⊦130</b> =		OR	+260=					
OTAL		OR	TOTAL	1050				
OTHER THAN MALL ENTITY OR SMALL ENTITY								
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
X\$ 9=		OR	X\$18=					
X39=		OR	X78=					
-130=		OR	+260=					
TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE					
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
<b>K\$</b> 9=		OR	X\$18=					
X39=		OR	X78=					
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TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE					
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
<b>(\$</b> 9= ·		OR	X\$18=					
<b>K</b> 39=		OR	X78=					

### PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2) FOR **NUMBER FILED NUMBER EXTRA BASIC FEE** minus 20= **TOTAL CLAIMS** INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT  $^{\star}$  If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 REMAINING NUMBER **PRESENT** AMENDMENT **PREVIOUSLY AFTER EXTRA AMENDMENT** PAID FOR Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ΑD (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AMENDMENT **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM AD (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT AMENDMENT **PREVIOUSLY AFTER EXTRA** AMENDMENT PAID FOR Total Minus Independent Minus \*\*\* FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR

FORM PTO-875

(Rev. 12/99)

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE

TOTAL

ADDIT. FEE